



How to Register for Summer Camp:

1. Read the Education Programs Participation Agreement.

- Retain this document for your records.

2. Complete your 2010 Camp Registration Form.

- Use a separate form for each participant. Complete the Payment Information section. Make checks payable to:
Lafayette Parks and Recreation.

3. Fill out the Emergency Contact Information, Medical Authorization and Release Agreement.

Include this with your Registration Form.

4. Submit your registration materials.

Registrations are accepted in person or by mail at:

*1915 Scott Street
Lafayette, IN 47904*

Registrations are also accepted by fax at:

(765) 807-1547

QUESTIONS? Call the Zoo Education Office at (765) 807-1546



EDUCATION PROGRAMS PARTICIPATION AGREEMENT

In consideration of the applicant's reservation of a Columbian Park Zoo event, the parties hereby agree as follows:

Rules and Regulations:

- Severe environmental allergies to common zoo items (peanuts, latex, etc.) must be brought to Zoo staff attention at the time of registration. We will make reasonable accommodations whenever possible.
- If your child has special needs, please discuss them with the Zoo Education Staff in advance so that we can help make the experience a success.
- A completed, current *Emergency Contact Information, Medical Authorization and Release Agreement* must be submitted prior to participation. This form must be signed by a parent or legal guardian.

- Class size is limited and on a first-come, first-serve basis. Registration is required.
- Registration and payment must be received at least 48 hours prior to the start of any program. Late registrations may be accepted at the discretion of the Columbian Park Zoo staff.
- Due to the volume of registrations received, the Columbian Park Zoo does not send registration confirmations in the mail. Please plan to attend your session unless you are notified otherwise.
- If the program or session you have registered for is full, you will be notified by phone so you may choose another session, may be placed on a wait list or may request a refund.
- Only registered and paid individuals may participate in class activities, including animal encounters.
- Children registered for drop-off classes must be fully toilet-trained. Parents are permitted to stay with children who do not meet this specification.
- Columbian Park Zoo reserves the right to substitute animals/themes without prior notification.
- Parents will be notified if disciplinary issues arise. Columbian Park Zoo reserves the right to exclude individuals from future participation if disciplinary issues are not resolved.
- Participation in any Columbian Park Zoo event grants permission for the City of Lafayette to use photos, videos and other images of the participant in promotional materials, including website use.

Cancellation Policy:

Refunds will be made if notification of cancellation is received fourteen (14) days or more prior to the event. A cancellation fee may apply. Cancellation fees are listed on each program-specific registration form. The Zoo reserves the right to cancel an event or program due to insufficient registration with full refunds and notification. Columbian Park Zoo reserves the right to cancel any program without refund for the following reasons: inclement weather which would compromise the health or safety of the animals and/or Zoo staff members; guidelines set by Zoo staff at presentation are not respected and/or followed.



2010 Camp Registration Form

Please use a separate form for each participant.

Participant's Name _____ Date of Birth _____

Parent(s) Name(s) _____

Primary Phone Number _____ Alternate Phone _____

Home Address _____

Email _____

☐ Check here if you do NOT wish to receive zoo program info by email

Does the Participant have any allergies or special needs?

☐ No ☐ Yes If yes, please specify _____

I have read, understand and agree to abide by the Columbian Park Zoo's Education Program Participation Agreement.

Parent/Guardian Signature _____

Date _____

SUMMER CAMPS

Drop off as early as 8:45. Children are expected to be picked up no later than 15 minutes after camp ends or additional charges may apply. An Extended Care option is available for full day camps and runs 7:30-9:00am and 4:00-5:30pm for a flat, weekly fee. Please select this option in you plan to use Extended Care. All fees are per child, per week. () indicate FOCPZ member discounts.

LITTLE CUB CLUB CAMPS : AGES 3-5

- | | | | |
|--|--------------|----------------|--------------------------|
| <input type="checkbox"/> Animal Wrappers: | June 1-3 | 9:00am-12:00pm | \$40 (\$33 FOCPZ) |
| <input type="checkbox"/> Feeding Frenzy: | June 14-16 | 9:00am-12:00pm | \$40 (\$33 FOCPZ) |
| <input type="checkbox"/> Radical Reptiles: | June 28-30 | 9:00am-12:00pm | \$40 (\$33 FOCPZ) |
| <input type="checkbox"/> Jungle Journey: | July 12-14 | 9:00am-12:00pm | \$40 (\$33 FOCPZ) |
| <input type="checkbox"/> Animals in Action: | July 26-28 | 9:00am-12:00pm | \$40 (\$33 FOCPZ) |
| <input type="checkbox"/> SENSE-ational Animals: | August 2-4 | 9:00am-12:00pm | \$40 (\$33 FOCPZ) |
| <input type="checkbox"/> Zoo Rainbow: | August 16-18 | 9:00am-12:00pm | \$40 (\$33 FOCPZ) |

YOUNG EDVENTURERS I : AGES 6-8

HALF DAY CAMPS

- | | | | |
|--|------------|----------------|--------------------------|
| <input type="checkbox"/> Animal Families: | June 7-11 | 9:00am-12:00pm | \$65 (\$58 FOCPZ) |
| <input type="checkbox"/> Grossology: | June 21-25 | 9:00am-12:00pm | \$65 (\$58 FOCPZ) |
| <input type="checkbox"/> Growing Up Wild: | July 5-9 | 9:00am-12:00pm | \$65 (\$58 FOCPZ) |
| <input type="checkbox"/> Creatures of the Night | July 19-23 | 9:00am-12:00pm | \$65 (\$58 FOCPZ) |

More camps for 6-8's on next page

AGES 3-5

AGES 6-8

PLEASE COMPLETE BOTH SIDES...

AGES 6-8

YOUNG EDVENTURERS I : AGES 6-8

FULL DAY CAMPS

*Add
Extended
Care?*

<input type="checkbox"/> Animal Planet:	June 1-4 (4 DAY CAMP)	9:00am-4:00pm	\$95 (\$88 FOCPZ)	<input type="checkbox"/> +\$15
<input type="checkbox"/> Human Animal:	June 14-18	9:00am-4:00pm	\$95 (\$88 FOCPZ)	<input type="checkbox"/> +\$15
<input type="checkbox"/> Wild and Rare:	June 28-July 2	9:00am-4:00pm	\$95 (\$88 FOCPZ)	<input type="checkbox"/> +\$15
<input type="checkbox"/> Creature Features:	July 12-16	9:00am-4:00pm	\$95 (\$88 FOCPZ)	<input type="checkbox"/> +\$15
<input type="checkbox"/> Habitat Safari	August 2-6	9:00am-4:00pm	\$95 (\$88 FOCPZ)	<input type="checkbox"/> +\$15

AGES 8-11

YOUNG EDVENTURERS II : AGES 8-11

FULL DAY CAMPS

*Add
Extended
Care?*

<input type="checkbox"/> Extreme Animals:	June 7-11	9:00am-4:00pm	\$95 (\$88 FOCPZ)	<input type="checkbox"/> +\$15
<input type="checkbox"/> Animal Detectives:	June 21-25	9:00am-4:00pm	\$95 (\$88 FOCPZ)	<input type="checkbox"/> +\$15
<input type="checkbox"/> Life on Earth:	July 5-9	9:00am-4:00pm	\$95 (\$88 FOCPZ)	<input type="checkbox"/> +\$15
<input type="checkbox"/> Wild Design:	July 19-23	9:00am-4:00pm	\$95 (\$88 FOCPZ)	<input type="checkbox"/> +\$15
<input type="checkbox"/> Backyard Biology	August 9-13	9:00am-4:00pm	\$95 (\$88 FOCPZ)	<input type="checkbox"/> +\$15

AGES 12-13

ZOO EXPLORERS : AGES 12-13

FULL DAY CAMP

<input type="checkbox"/> A Week in the Life of a Zookeeper:	July 26-30	9:00am-4:00pm	\$105 (\$98 FOCPZ)
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Cancellation Policy:

Refunds will be made if notification of cancellation is received fourteen (14) days or more prior to the event. A \$15 Cancellation Fee applies. Cancellation fees will be automatically deducted from any due refund. The Zoo reserves the right to cancel an event or program due to insufficient registration with full refunds and notification. Columbian Park Zoo reserves the right to cancel any program without refund for the following reasons: inclement weather which would compromise the health or safety of the animals and/or Zoo staff members; guidelines set by Zoo staff at presentation are not respected/ followed.

Are you a member of the *Friends of the Columbian Park Zoo?*

If yes, FOCPZ Membership # _____
Please indicate FOCPZ discounted program fees where applicable.

To join FOCPZ today and receive the Member's Discount on select zoo programs contact FOCPZ at 765.807.1545

PAYMENT INFORMATION:

- ☐ **Cash**
☐ **Check** (Make checks payable to **Lafayette Parks and Recreation**)
☐ **Credit Card** **MasterCard** or **Visa** (please circle one)

Card # _____ Exp. _____

Security Code (appears on back of card) _____

Cardholder's Signature _____

TOTAL DUE \$ _____

REGISTER:

In person or by mail at:

Lafayette Parks and Recreation
1915 Scott Street, Lafayette, IN 47904

By fax: 765.807.1513



EMERGENCY CONTACT INFORMATION, MEDICAL AUTHORIZATION AND RELEASE AGREEMENT

I, _____, the parent/legal guardian of _____,
(Print your first and last name) (Print child's first and last name)

consent to my child's participation in the specified education programs. In an emergency I can be reached at the numbers listed below. In the event that I cannot be reached, I authorize Columbian Park Zoo staff to authorize or refuse necessary emergency treatment for my child.

I further agree to indemnify, protect and hold harmless the Parks Department, its officers, board members, supervisors, agents, servants, employees, and all other persons or organizations volunteering services without charge to supervise or chaperone the children who participate in this activity (collectively Park Personnel) from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused, even if caused by the negligence of Park Personnel, as a result of my child's participation.

I further agree that the Parks Department, its officers, board members, agents, servants, or employees reserve the right to terminate the participation of my child in the program for failure to behave and act in accordance with the Parks Department regulations on conduct, or for failure to follow the instructions and directions of the supervisors or chaperones, or for any acts of conduct deemed by the agents of the Parks Department to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the program. If the participation is terminated, no participation fees will be refunded.

Parent/Guardian Signature

Date

Emergency Contact Numbers:

Call 1st: _____ () - _____ ext. _____
(e.g. "Mom's cell phone" or "Dad at work")

Call 2nd: _____ () - _____ ext. _____

Alternate Emergency Contact Person's Name _____

Relationship to child _____

Call: () - _____ ext. _____

*Please consider selecting
a nearby relative or
friend to serve as an
alternate emergency
contact person.*